

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

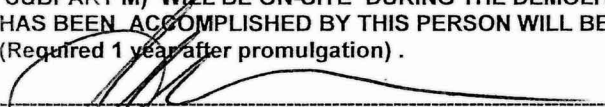
NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
			231672
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : O			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: SUNY			
Address 353 Broadway			
City: Albany	State: NY	ZIP: 12246	
Contact: Gene GelBene (pavarini McGovern)			Tel: 646-300-0407
REMOVAL CONTRACTOR: Niram, Inc.			
Address: 91 Fulton St.			
City: Boonton	State: NJ	ZIP: 07005	
Contact: Tony Puntasecca/ Marcin Owczarski			Tel: 973-299-4455
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:			Tel:
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : R			
IV. IS ASBESTOS PRESENT? (Yes/No): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: Humanities Building			
Address: 735 Anderson Hill rd.			
Address:			
City : Purchase	State: NY	County: Westchester	
Site Location:			
Building Size:	SqMeter:	SqFt: .133,000	# of Floors: 3
Age in Years: 45			
Present Use:		Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: bulk sample			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
Non-friable Asbestos Material			
not to be removed			
RACM to be Removed			
Category I	Category II		
Pipes - Linear Feet	25,000		
Pipes - Linear Meters			
Surface Area - Square Feet	400,000 SF		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			

Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start 05.27.12 Completion: 05.25.13			
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: 06.27.12 Completion: 06.18.14			

RenoDemoForm_2003.doc

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Full containment, wet removal method with neg. air and proper air exchanges		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Daily inspection of containment area, proper securing of containment with poly and glue and tape all done as per Code 56 Rule		
XII. <u>WASTE TRANSPORTER #1</u>		
Name: Tri State Transfer		
Address: 1199 Randal ave		
City: Bronx	State: NY	ZIP: 10474
Contact Person:	Telephone: (718) 617-0771	
XIII. <u>WASTE TRANSPORTER #2</u>		
Name: Niram Inc.		
Address: 91 Fulton str		
City: Boonton	State: NJ	ZIP: 07005
Contact Person: Tony Puntasecca/ Marcin Owczarski	Telephone: 973-299-4455	
XIV. <u>WASTE DISPOSAL SITE</u>		
Name: Minerva Enterprises		
Address: 9000 Minerva rd		
City: Waynesburg	State: OH	ZIP: 44688
Telephone: 330-866-3435		
XV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW		
Name:	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY) :	
XVI. <u>FOR EMERGENCY RENOVATIONS</u>		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:		
XVII. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Stop all work activities and secure area use proper methods to remove or clean up area impacted.		
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .		
 Signature of Owner/Operator		05.11.12 Date
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Signature of Owner/Operator		Date